

Department of Revenue Services
State of Connecticut
PO Box 2990
Hartford CT 06104-2990

Form 207HCC EXT
Application for Extension of Time to File
Health Care Center Tax Return

207HCC EXT
► 2002

(Rev. 12/02)

Important! Please read instructions on reverse before completing this application.

Taxpayer (Please Type or Print)	Name of Company		CT Health Care Center Tax Registration Number
	Address Number and Street PO Box		Date Received (FOR DEPARTMENT USE ONLY)
	City, Town, or Post Office Box State ZIP Code		Federal Employer Identification Number

This is not an extension of time to pay tax. Penalties and interest may apply (See instructions).

I request a six-month extension of time to September 1, 2003, to file **Form 207HCC, Health Care Center Tax Return**, for calendar year 2002.

The reason for the Connecticut extension request is

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— You will be notified only if your request is denied —

1. Total health care center tax liability for 2002. (You may estimate this amount.) Note: You must enter an amount on Line 1. If you do not expect to owe tax, enter zero (0)	► 1		
2. 2002 Connecticut estimated tax payments and any overpayments credited to 2002	► 2		
3. Health care center tax balance due (Subtract Line 2 from Line 1). Pay in full with this form. If Line 2 is greater than Line 1, enter zero (0)	► 3		

Make check payable to: **Commissioner of Revenue Services.**

Write the company's Connecticut Health Care Center Tax Registration Number and "2002 Form 207HCC EXT" on your check.

Mail to: Department of Revenue Services
PO Box 2990
Hartford CT 06104-2990

Declaration: I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand that the penalty for willfully delivering a false return to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Sign Here Keep a copy of this return for your records	Signature of Principal Officer		Title	Date
	Print Name of Principal Officer		Telephone Number ()	
	Paid Preparer's Signature		Date	Preparer's SSN or PTIN
	Firm Name and Address		Federal Employer Identification Number	

Form 207HCC EXT Instructions

Purpose

Use **Form 207HCC EXT**, *Application for Extension of Time to File Health Care Center Tax Return*, to request a six-month extension to file **Form 207HCC**, *Connecticut Health Care Center Tax Return*.

Request for Extension

A health care center may request a six-month extension to file its Connecticut Health Care Center Tax Return provided there is reasonable cause for the request.

To request an extension of time to file Form 207HCC, a health care center must file Form 207HCC EXT and pay all the tax it expects to owe on or before March 1, 2003.

Form 207HCC EXT **only** extends the **time to file** the Health Care Center Tax Return. Form 207HCC EXT **does not** extend the time to pay the amount of tax due.

We will notify you only if the extension request is denied.

Interest and Penalties

In general, interest and penalty apply to any portion of the tax that is not paid on or before the original due date of the return. Interest accrues at the rate of 1% (.01) per month, or fraction of a month, from the original due date of the return until the tax is paid in full.

Late Payment Penalty: If tax is due, the penalty for late payment is 10% (.10) of the tax due or \$50, whichever is greater.

Late Filing Penalty: If no tax is due, the Commissioner of Revenue Services may impose a \$50 penalty for the late filing of any return or report that is required by law to be filed.

Name, Address, and Tax Registration Numbers

Enter the health care center's name, address, Federal Employer Identification Number, and Connecticut Health Care Center Tax Registration Number.

Signatures

This form must be signed by a principal officer of the company or anyone with a signed Power of Attorney for a principal officer.

Paid Preparer Signature

Paid preparers must sign and date Form 207HCC EXT. Paid preparers must also enter their Social Security Number (SSN) or Preparer Tax Identification Number (PTIN), and their firm's Federal Employer Identification Number (FEIN) in the spaces provided.

Where To File

Mail to: Department of Revenue Services
PO Box 2990
Hartford CT 06104-2990

For Further Information

If you need additional information or assistance, please call the Excise/Public Services Taxes Subdivision at **860-541-3225**, Monday through Friday, 8:00 a.m. to 5:00 p.m. You may obtain forms and publications at any hour, seven days a week:

- **Internet:** Preview and download forms and publications from the DRS Web site: **www.drs.state.ct.us**
- **DRS TAX-FAX:** Call **860-297-5698** from the handset attached to your fax machine and select from the menu;
- **Telephone:** Call **1-860-297-5962** (from anywhere) or **1-800-382-9463** (toll-free in-state) and select **option 2** from a touch-tone phone.